

APR-25-06 10:42

FROM-CROMPTON SEAGER TUFTE LLC

+6123599349

T-371 P.02/03 F-129

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** **Mail Stop ISSUE FEE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

or **Fax** **(571) 273-2885**

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence, including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless otherwise directed below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Use Block 1 for any change of address)

21691 7590 01/27/2006

**CROMPTON SEAGER AND TUFTE, LLC**  
**1221 NICOLLET AVENUE**  
**SUITE 800**  
**MINNEAPOLIS, MN 55403-2420**

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Kathleen L. Boekley	(Depositor's name)
<i>Kathleen L. Boekley</i>	(Signature)
April 25, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/013,980	11/05/2001	Gust H. Hardy	04/25/1005808060 CIP 01 FC:1584 02 FC:2501 03 FC:8001	3720 300.00 DA 700.00 DA 3.00 DA 00000128 500413 10013980

TITLE OF INVENTION: SUBCUTANEOUS ELECTRODE WITH IMPROVED CONTACT SHAPE FOR TRANSTHORASIC CONDUCTION

01 FC:1584	300.00 DA
02 FC:2501	700.00 DA
03 FC:8001	3.00 DA

APPLN TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	04/27/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
SCHAETZLE, KENNEDY		3766	607-116000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached
- "Fee Address" indication (or "Fee Address" indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed

1. **CROMPTON, SEAGER & TUFTE, LLC**

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Cameron Health, Inc.

San Clemente, California

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed

4b. Payment of Fee(s).

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies one (1)

 A check in the amount of the fee(s) is enclosed Payment by credit card Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0413 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature David M. CromptonDate 4/25/06Typed or printed name David M. CromptonRegistration No. 36,772

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FROM-CROMPTON SEAGER TUFTE LLC

+6123599349

T-371 P.01/03 F-129

CROMPTON | SEAGER | TUFTE | LLC

Parent, Trademark &amp; Copyright Attorneys

1221 Nicollet Avenue, Suite 800  
Minneapolis, Minnesota 55403-2420  
Phone 612 677.9050  
Fax 612.359.9349

### FAX TRANSMISSION COVER LETTER

TO: Commissioner for Patents  
Attn: Mail Stop Issue Fee  
P.O. Box 1450  
Alexandria, VA 22313-1450

DATE: April 25, 2006  
FROM: David M. Crompton  
OUR REF: 1201.1135101  
TELEPHONE: 612-677-9050

Total pages, including cover letter: 3

**PTO FAX NUMBER: 571-273-2885**

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

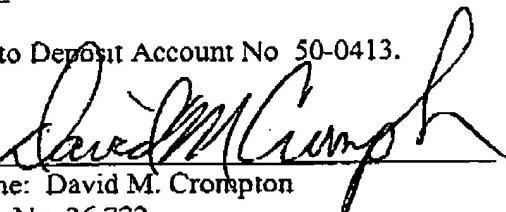
Title of Document(s) Transmitted: ISSUE FEE TRANSMITTAL IN DUPLICATE

Applicant: Gust H. Bardy et al.  
Serial No.: 10/013,980  
Filed: November 5, 2001  
Group Art Unit: 376  
Our Ref. No.: 1201.1135101  
Confirmation No.: 3720  
Customer No.: 21691

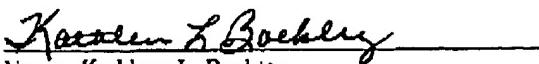
Please charge Deposit Account No. 50-0413 as follows:

Fee Code <u>1502</u>	\$ <u>700</u>
Fee Code <u>1504</u>	\$ <u>300</u>
Fee Code <u>1801</u>	\$ <u>3</u>

Please charge any additional fees or credit overpayment to Deposit Account No 50-0413.

By:   
Name: David M. Crompton  
Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U S Patent and Trademark Office on the date shown below.

  
Name: Kathleen L. Buckley

April 25, 2006  
Date